

# Work Order ID 93429

\*93429\*

Page 1

November-19-12 10:08:25 AM

Item ID: D2182B Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Rubber Cushion 350  
Start Date: 11/15/12 Start Qty: 100.00 \*100\* Cust Item ID:  
Required Date: 11/30/12 Req'd Qty: 100.00 \*100\* Customer:  
Reference:

Approvals: Process Plan: M.L.S. Date: 12-11-20 Tooling: Date: Run Start \*NR1\*  
QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2182	Rev C

100	PURCHASING	0.00							
*100*									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: 18460 Extrude per Dwg D2182B								
	Possible Supplier: Avid Product								
	P/N: 10173								

110	Receive & Inspect for Damage & Mat'l Certs	0.00							
*110*									
Packaging	Memo	0.00							
Packaging									

120	QC6- Inspect dimensions to drawing	0.00							
*120*									
QC	Memo	0.00							
Quality Control									

DA5  
15  
2-89  
12/203  
S.1712104

CL 12/11/21 (350)

12/12/13 (350)

350

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

November-19-12 10:08:25 AM

**Item ID:** D2182B

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

**Item Name:** Rubber Cushion

**Start Date:** 11/15/12      **Start Qty:** 100.00

**\*100\***

**Cust Item ID:**

**Required Date:** 11/30/12      **Req'd Qty:** 100.00

**\*100\***

**Customer:**

**Reference:**

Run Start \*NR1\*

**Approvals:** \_\_\_\_\_ **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stop \*NR2\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/  
Work Center ID

## Operation Description

## Set Up/ Run Hours

## Tool ID

## Tool #

## Plan Code

**Accept  
Qty**

Reject  
Qty

### Reject Number

**Insp.  
Stamp**

130

Identify as per dwg & Stock Location: ST412

0.00

**\*130\***

## Packaging

## Memo

0.00

## Packaging

350

12/17/04 E

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

## Memo

0.00

## Quality Control

12/12/58  
MNF  
12-12-04

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Picklist Print

November-19-12 10:08:25 AM

Page 1

Work Order ID: 93429

Parent Item: D2182B

Parent Item Name: Rubber Cushion

Start Date: 11/15/12

Required Date: 11/30/12

Start Qty: 100.00

Required Qty: 100.00

Comments: IPP: B98.09.21Re-doneKS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
10173 NEOPRENE CUSHION		Purchased	No			110	Each	0.0000	1	<del>100</del> 350			

12/12/13 (350)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

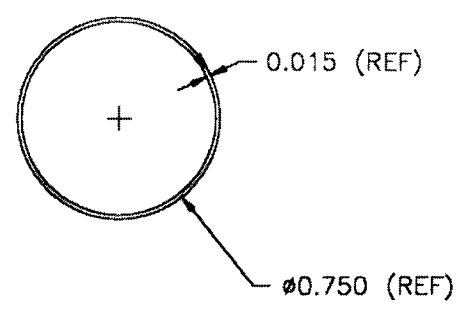
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

RELEASED  
11/97/05/10 DSI

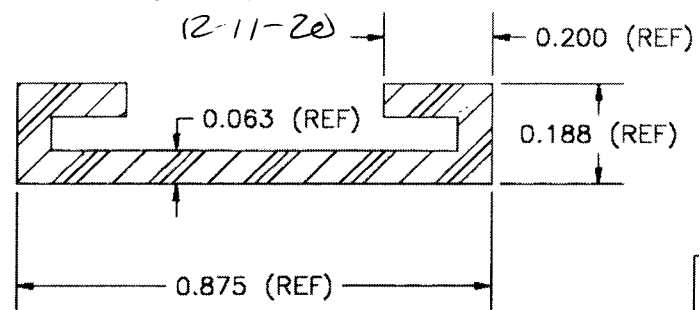
SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO COMMENT  
WITH ALL NOTICE  
WORK ORDER  
NO. 93429 MJS



D2182-050 HEAT SHRINK  
LENGTH

EG: 3.5 LONG: D2182-035  
10 LONG: D2182-100

MATERIAL: RAYCHEM RNF-100-3/4-CL  
HEAT SHRINKABLE INSULATION SLEEVING



W-WHITE  
B-BLACK  
D2182W050 RUBBER CUSHION  
LENGTH

EG: WHITE 3.5 LONG: D2182W035  
BLACK 10 LONG: D2182B100

MATERIAL: SANTOPRENE 101-73  
CONFORMS TO MIL-R-3065

**DART**



PREPARED <i>KE</i>		DART AERO ACCESSORIES INC VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>MM</i>	APPROVED <i>RM</i>	D2182	REV. C
DATE Jan. 6, 1995		TITLE RUBBER CUSHION	SHEET 1 OF 1
B	97:04:07	ADD MATERIAL SPECIFICATION	SCALE
C	97:05:14	ADD HEAT SHRINK	

Copyright 1995 by DART AERO ACCESSORIES INC



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO18460**

Purchase Order Date 11/21/12

PO Print Date 11/21/12

Page Number 1 of 1

Order From :

VU-AVI001

AVID PRODUCTS  
P.O. BOX 53555 D  
PHOENIX, AZ 85072-3555  
US

Contact Name

Vendor Phone 602 438 1221

Vendor Fax 602 437 2270

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
**CONFIRMED**

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	10173 <i>SMS</i>	NEOPRENE CUSHION	11/30/12 Yes	350.00 Each	FedEx PI collect	\$1.1488	\$402.08

Special Inst: AS PER DWG D2182B REV. C  
B93429  
AVID P/N: 10173

PO Total:

\$402.08

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY


Change Nbr: 1

Change Date: 11/21/12

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required - YES NO



 **Avid Products**  
3730 E. Southern Avenue  
Phoenix, AZ 85040  
(602) 438-1221 / Fax (602) 437-2270  
[www.avidproducts.net](http://www.avidproducts.net)

## Shipping List 130146

**Customer No 007422**

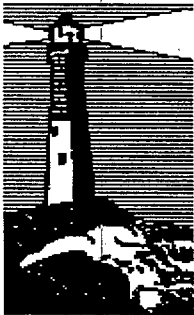
**Sales Order Shipper**

**Ship to :**

**DART AEROSPACE LTD**  
**1270 ABERDEEN ST.**  
**HAWKESBURY ON K6A 1K7**  
**Canada**

**Sold to :DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY ON K6A 1K7  
Canada**

Ship Date	Customer PO	# of Boxes	Weight	Ship VIA	Bill of Lading	F O B
11/29/2012	PO18460	0	0.0000	SEE CUST NOTES		COLL
Item	Fac / Part / Rev / Description / Details			Order Quantity	Ship Quantity	
000001	Default Sales Order 144258-00 SO Item 001 6004 Rev 2 U/M FT 6004 SANTOPRENE Customer Part Number: 10173 <i>Sms</i>			350.0000	350.0000	



## Avid Products

### CERTIFICATE OF COMPLIANCE

This is to certify that the item(s) listed below, shipped on 11/29/2012 Purchase order 144258 were manufactured and inspected in accordance with applicable drawings and/or specifications, unless noted herein PO18460.

Physical and/or chemical test reports of materials used are on file, subject to examination and substantiate conformance with applicable specification requirements.

QUANTITY SHIPPED

350

PART NUMBER

6004

DESCRIPTION/SPECIFICATION

~~6004 SANTOPRENE~~

WRong  
should be Santoprene  
101-73

JESUS ROMERO

Shipping Department

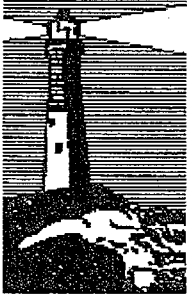
11/29/2012

Date

3730 East Southern Avenue Phoenix, Arizona 85040

Phone 602-438-1221 Fax 602-437-2270

[www.2mfg.com/avid](http://www.2mfg.com/avid)



*Avid Products*

CERTIFICATE OF COMPLIANCE

This is to certify that the item(s) listed below, shipped on 11/29/2012 Purchase order 144258 were manufactured and inspected in accordance with applicable drawings and/or specifications, unless noted herein 18460.

Physical and/or chemical test reports of materials used are on file, subject to examination and substantiate conformance with applicable specification requirements.

QUANTITY SHIPPED

350

PART NUMBER

10173

DESCRIPTION/SPECIFICATION

6004 SANTOPRENE

*S. 12/2/04*

JESUS ROMERO

Shipping Department

11/29/2012

Date

3730 East Southern Avenue Phoenix, Arizona 85040

Phone: 602-438-1221 Fax 602-437-2270

[www.2mfg.com/avid](http://www.2mfg.com/avid)